



APPLICATION FOR NONRENEWABLE ADULT EDUCATOR AUTHORIZATION

PART I: PERSONAL INFORMATION (Print all information in dark ink and in uppercase letters.)

[illegible]

LAST NAME

[illegible]

FIRST NAME

7

MI

7

GENDER (M/F)

$$\boxed{} \boxed{} \boxed{} - \boxed{} \boxed{} - \boxed{} \boxed{} \boxed{} \boxed{}$$

SOCIAL SECURITY NUMBER

$$\square - \square - \square - \square - \square - \square - \square - \square$$

BIRTH DATE (Month-Day-Year) – Required

□ □

ADDRESS (Street)

(Apt #)

[illegible]

(City)

-

(State)

(Zip Code)

FORMER LAST NAME(S)

PHONE - -

PHONE

(Home)

				-				-			
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(Work)

Race/Ethnicity

7

(Optional)

1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

E-MAIL ADDRESS

1. Have you ever been convicted of **any** crime, excluding minor traffic violations? ☐ YES ☐ NO
2. Have you ever been dismissed for cause from any position? ☐ YES ☐ NO
3. Have you ever surrendered a professional certificate, license, permit or other credential (including, but not limited to, an education credential); had one revoked, suspended, annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action? ☐ YES ☐ NO

NOTE: If you answer “YES” to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately. Submit **official** copies of court or administrative record(s), including disposition of each case.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.

PART II: REQUEST FOR ADULT EDUCATOR AUTHORIZATION

Please check the appropriate box(es):

- ☐ English to Speakers of Other Languages – Endorsement 088
- ☐ High School Credit Diploma Programs – Endorsement 106
- ☐ External Diploma Program/Noncredit Mandated Programs (ABE, GED, EDP) – Endorsement 107

I have **NOT** completed the following assessment requirements:

- ☐ PRAXIS I – PPST
- ☐ PRAXIS II (Required for Endorsement 106 ONLY)
- ☐ ACTFL (Required for Endorsement 106 ONLY)

PART III: APPLICANT ATTESTATION

APPLICANT ATTESTATION: I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s).

ORIGINAL SIGNATURE OF APPLICANT

DATE:

PART IV: EMPLOYING AGENT REQUEST AND SIGNATURE

I request the issuance of a Nonrenewable Adult Educator Authorization for the applicant named on this application in the program(s) checked in Part II.

Signature of Superintendent/Exec. Dir./Designee
(Original signature, no stamps accepted)

Date

Typed or Printed Name of Person Signing Above

Title

District

()

Telephone Number

Street

FAX Number

City

State

Zip Code

E-Mail Address

Original Signatures Must Be On Form Submitted

ED 188

REV. 8/03

C.G.S. 10-145

C.G.S. 10-145d, P.A. 03-168

Regs. 10-145d-426

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Preparation and Certification

P.O. Box 150471 – Room 243

Hartford, CT 06115-0471

www.state.ct.us/sde

**INSTRUCTIONS TO APPLICATION FOR NONRENEWABLE
ADULT EDUCATOR AUTHORIZATION**

NOTE: Please use this form, if you meet all requirements for adult education certification except for assessments, to request a nonrenewable authorization to teach adult education. Applicants who have completed all requirements, including assessment requirements, must submit form ED 170. **A fee is NOT required for this authorization.**

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

Applicant:

- ☐ a. Complete Parts I, II and III.
- ☐ b. Attach official transcript(s), signed and sealed by the registrar(s), indicating the completion of a bachelor's degree. Official transcripts must include the embossed or colored seal of the university.
- ☐ c. Return completed application to the superintendent of schools.

Employing Agent:

- ☐ a. Part IV is to be completed and signed by the superintendent of schools or designee.
- ☐ b. Return completed application, attachments and checklist to the Bureau of Educator Preparation and Certification at the above address.

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